

SUPPLEMENTAL APPLICATION QUESTIONNAIRE
Assistant Chief Counsel

This page must be completed and submitted along with your Supplemental Application.

Candidate's Name (first, middle, and last): _____

Mailing Address: _____

Telephone Number: _____

Last four digits of you Social Security Number: _____

EXAMINATION CERTIFICATION

I hereby certify and understand that the information provided by me in this Supplemental Application is true and complete to the best of my knowledge. I also certify that this Supplemental Application has been **completed without the assistance of others.** I understand that Department of Fair Employment and Housing, Examination Unit, staff reserves the right to verify the information I have provided. I understand that if it is discovered that a candidate has made any false representations regarding the information provided in the Supplemental Application, he/she will be removed from the examination process and/or the employment eligibility list resulting from this examination. In addition, based on the severity of the offense, adverse action may be taken against any employee who compromises an examination.

Candidate Signature: _____ Date: _____

EXAMINATION RESULTS

This examination will consist of a Supplemental Application (weighted 100%). In order to obtain a position on the eligible list, a minimum rating of 70.00% must be attained in the examination. It is anticipated that you will receive your final examination results by January 24, 2012.